

JUSTIFICATION STATEMENT FOR .0015 CONTINGENCY FUNDS				DATE _____	
For use of this form, see AR 195-4; the proponent agency is OPMG.					
DATA REQUIRED BY THE PRIVACY ACT OF 1974					
AUTHORITY:		Title 10 USC, Section 3012.			
PRINCIPLE PURPOSE:		To substantiate individual's claim for reimbursement or expenditure of Limitation .0015 Contingency Funds.			
ROUTINE USES:		Record is to be maintained to perform complete audit of .0015 fund vouchers including evaluation of each expenditure of .0015 funds.			
DISCLOSURE:		Disclosure of information requested is voluntary. However, all information must be provided for claimant to receive reimbursement for expenses or claimant will be required to return those government funds previously advanced or expended.			
1. I CERTIFY THAT ON _____ A TOTAL OF _____ WAS PAID TO _____ <div style="display: flex; justify-content: space-between; margin-top: -10px;"> (Date) (Amount) (Name of Payee or Informant Number) </div> AT _____ <div style="text-align: center; margin-top: -10px;">(Place of Purchase or Payment)</div>					
2. SEQUENCE/ROI NUMBER		3. MPR NUMBER		4. AUTHORITY FOR EXPENDITURE OTHER THAN AR 195-4	
.0015 EXPENDITURES					
CATEGORY		AMOUNT		CATEGORY	
5	Controlled Substances	11	Covert Facilities	AMOUNT	
6	Informant Reimbursement	12	Protective Services		
7	Informant Bonuses	13	Stolen Property		
8	Surveillance Expenditures	14	Blackmarket Activities		
9	Transportation	15	Informal Liaison		
10	Supplies and Equipment	16	Miscellaneous		
17. VENDOR RECEIPTS <input type="checkbox"/> RECEIPTS ATTACHED. <input type="checkbox"/> RECEIPTS WERE NOT OBTAINED TO PREVENT COMPROMISE OF IDENTITY. <input type="checkbox"/> PARTIAL RECEIPTS WERE OBTAINED; OTHERS WERE NOT TO PREVENT COMPROMISE OF IDENTITY; OR THEY WERE NOT PROVIDED. <input type="checkbox"/> RECEIPTS WERE NOT PROVIDED.			18. DRUG PURCHASE SUMMARY NUMBER OF OFFENDERS: _____ OR _____ <div style="text-align: center; margin-top: -10px;">(Apprehended) (Identified)</div> AMOUNT OF .0015 FUNDS SEIZED/RECOVERED: _____ STREET VALUE: _____ AMOUNT & TYPE OF DRUGS PURCHASED/SEIZED: _____		
19. REMARKS: NUMBER OF ATTACHMENTS: _____ DRUGS/PROPERTY HELD AS EVIDENCE ON EVIDENCE DOCUMENT NUMBER: _____ FUNDS HELD AS EVIDENCE ON EVIDENCE DOCUMENT NUMBER: _____ FUNDS HELD AS EVIDENCE BY CIVILIAN AUTHORITIES: _____ <div style="display: flex; justify-content: space-between; margin-top: -10px;"> (Name of Civilian Agency) (Amount) </div> <input type="checkbox"/> MPI/MP INFORMANT/SOURCE PAYMENT COORDINATED WITH CID. <input type="checkbox"/> RECEIPT FROM INFORMANT/SOURCE ON FILE AT THIS OFFICE. <input type="checkbox"/> CERTIFICATE ON FILE IN LIEU OF INFORMANT/SOURCE RECEIPT. <input type="checkbox"/> INFORMANT/SOURCE PAYMENT WITNESSED. (If not, indicate why below.) <input type="checkbox"/> RECEIPT FROM JOINT TEAM MEMBER OF FILE AT THIS OFFICE. (If not, indicate why below.) COMMENTS: _____ 					
20. TYPED NAME, GRADE AND UNIT ASSIGNMENT OF CLAIMANT (Identify as Special Agent or MPI)			21. SIGNATURE OF CLAIMANT		